Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID PWS Name			Clas	sification	Population	Owner Type	Primary Source	
CT1000044 NORTH CANAAN CONGREGATIONAL CHURCH				NC	25	Р	GW	
Local Address (where applicable)		Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
172 LOWER ROAD		Connections			1			

Towns Served: NORTH CANAAN

Monitoring Requirements									
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)								
Total Coliform (3100) 1 routine									
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status						
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18								
	1/1/19 - 3/31/19								
	4/1/19 - 6/30/19								
	7/1/19 - 9/30/19								
Physical Parameters (PPS)		1 routine (RT) per quarte							
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status						
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18								
	1/1/19 - 3/31/19								
	4/1/19 - 6/30/19								
	7/1/19 - 9/30/19								
Water System Facility: ENTRY POINT (WSF ID: 00700)									
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year						
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status						
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete						
	1/1/19 - 12/31/19								

Public Notification Requirements										
	Compliance	Notice	Public No	<u>tification</u>	PN Certi	<u>fication</u>				
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
Total Coliform M&R Violation	7/1/04 - 9/30/04	2	3/3/2005		3/13/2005	_				
Physical Parameters M&R Violation	7/1/04 - 9/30/04	3	2/1/2006		2/11/2006					
Distribution Color MCL Violation	1/1/06 - 3/31/06	2	4/5/2006		4/15/2006	_				
Physical Parameters M&R Violation	7/1/08 - 9/30/08	3	12/4/2009		12/14/2009	_				
Physical Parameters M&R Violation	10/1/14 - 12/31/14	3	5/23/2015		6/2/2015					
Total Coliform M&R Violation	10/1/14 - 12/31/14	2	5/23/2015		6/2/2015					
Physical Parameters M&R Violation	7/1/17 - 9/30/17	3	12/28/2018		1/7/2019					
Total Coliform M&R Violation	7/1/17 - 9/30/17	3	12/28/2018		1/7/2019					
Physical Parameters M&R Violation	10/1/18 - 12/31/18	3	3/6/2020		3/16/2020					
Total Coliform M&R Violation	10/1/18 - 12/31/18	3	3/6/2020		3/16/2020					

1/1/20 - 12/31/20

Water System Facility and Sampling Point Inventory Water **Total** Lead and **Water System Facility** Sampling Point Sampling Point System Coliform Copper Stage ID **Description** Rule Tier Asbestos WQP 2 DBPR **Facility ID** Rule Status **DISTRIBUTION SYSTEM DISTRIBUTION SYSTEM** Υ 00600 Α DOWNSTREAM WITHIN 5 SERVICE CON Α **UPSTREAM** WITHIN 5 SERVICE CON Α 00700 **ENTRY POINT** 3 **ENTRY POINT** Α

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	<u>Carana</u>	- O -		r			
PWS ID PWS Name				Classification	Population	Owner Type	Primary Source
CT1000044	00044 NORTH CANAAN CONGREGATIONAL CHURCH				25	Р	GW
Local Address (where applicable)		Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultural
172 LOWER RO	AD.	Connections		1			

Towns Served: NORTH CANAAN

Water System Facility and Sampling Point Inventory										
Water			Total	Lead and						
System Water System	m Facility Sampling Poir	nt Sampling Point	Coliform	Copper		Stage				
Facility ID	ID	Description	Status Rule	Rule Tier	Asbestos	WQP 2 DBPR				
21766 WELL	2	WELL	А							

			Co	ontact Inf	ormation				
Name		Organization	า		Job Title				
Ms. Wendy Kennedy				North Canaa	n Cong Church	Treasurer			
Mailing Address Line One Mailing Addr			ess Line Two			City	State	Zip Code	
P.O. Box 306						Canaan		СТ	06018-0306
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Address			
860-672-3487						nccongch	urch@snet.n	et	

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT1000094	LONE OAK CAMPGROUND				NC	1,250	Р	GW
Local Address (where applicable)		Service	Resider	ntial Commerci		al Industri	al Combin	ed Agricultural
360 NORFOLK R	OAD	Connections			1			

Towns Served: NORTH CANAAN			
	•		
Monitoring Red	quirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)			
Total Coliform (3100)		2 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18	10/1-10/31	Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT WELL #1 & WELL #2 (WSF I	D: 00700)		
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT WELL #1 & WELL #2 (3)	1/1/18 - 12/31/18	4/1-10/31	Complete
	1/1/19 - 12/31/19	4/1-10/31	
	1/1/20 - 12/31/20	4/1-10/31	
Water System Facility: ENTRY POINT WELL #3 (WSF ID: 00701)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT WELL #3 (3)	1/1/18 - 12/31/18	4/1-10/31	Complete
	1/1/19 - 12/31/19	4/1-10/31	
	1/1/20 - 12/31/20	4/1-10/31	
Water System Facility: ENTRY POINT- WELL #4 (WSF ID: 00702)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT WELL #4 (3)	1/1/18 - 12/31/18	4/1-10/31	Complete
	1/1/19 - 12/31/19	4/1-10/31	
	1/1/20 - 12/31/20	4/1-10/31	
Water System Facility: WELL #1 (WSF ID: 21768)			
E. Coli (3014)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL #1 (2)	4/1/19 - 4/30/19		,
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connecticut Departme	ent of Public H	lealth D	rinking	Water :	Sectio	n	
	Water Quality N	Monitoring and	d Comp	liance S	chedule	9		
PWS ID	PWS Name		Cla	ssification I	Population (Owner Ty	pe Pr	imary Source
CT1000094	LONE OAK CAMPGROUND			NC	1,250	Р		GW
Local Address	(where applicable)	Service	Residential	Commercia	I Industria	Comb	ined	Agricultural
360 NORFOLK	ROAD	Connections		1				
Towns Served:	: NORTH CANAAN					,		
	1	Monitoring Requ	irement	S				
Water Syster	m Facility: WELL #1 (WSF ID: 2176	58)						
E. Coli (3014	4)				1	routine	(RT)	per month
Sampling	Point (Sampling Point ID)		Monitoring I	Period Co	llection Peri	od Co	omplia	nce Status
			9/1/19 - 9/3	30/19				
			10/1/19 - 10,	/31/19				
Water Syster	m Facility: WELL #2 (WSF ID: 2176	59)						
E. Coli (3014	4)				1	routine	(RT)	per month
Sampling	Point (Sampling Point ID)		Monitoring I	Period Co	llection Peri	od Co	omplia	nce Status
WELL #2	(2)		4/1/19 - 4/3	30/19				
			5/1/19 - 5/3	31/19				
			6/1/19 - 6/3	30/19				
			7/1/19 - 7/3	31/19				
			8/1/19 - 8/3	31/19				
			9/1/19 - 9/3	30/19				
			10/1/19 - 10,	/31/19				
Water Syster	m Facility: WELL #3 (WSF ID: 2177	70)						
E. Coli (3014	4)				1	routine	(RT)	per month
Sampling	Point (Sampling Point ID)		Monitoring I	Period Co	llection Peri	od Co	omplia	ince Status
WELL #3	(2)		4/1/19 - 4/3	30/19				
			5/1/19 - 5/3	31/19				
			6/1/19 - 6/3	30/19				
			7/1/19 - 7/3	31/19				
			8/1/19 - 8/3	31/19				
			9/1/19 - 9/3	30/19				
		;	10/1/19 - 10,	/31/19				
Water Syster	n Facility: WELL #4 (WSF ID: 2177	71)						
E. Coli (3014	4)				1	routine	(RT)	per month
Sampling	Point (Sampling Point ID)		Monitoring I	Period Co	llection Peri	od Co	omplia	ince Status
WELL #4	(2)		4/1/19 - 4/3	30/19				
			5/1/19 - 5/3					
			6/1/19 - 6/3					
			7/1/19 - 7/3	31/19				
			8/1/19 - 8/3					
			9/1/19 - 9/3					
			10/1/19 - 10,	/31/19				

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Monthly Water System Facility (WSF) Level Monitoring Requirements

	Conne	cticut Dep	partment of	Public H	ealth	Dı	rinki	ng V	<i>N</i> ater	· Se	ection	
		Water Qu	ality Monit	oring and	d Con	ıpl	ianc	e Sc	hedu	le		
PWS ID	PWS Name	е				Clas	ssificati	on Po	pulation	Ow	ner Type I	rimary Source
CT1000094	LONE OAK	CAMPGROUND)				NC		1,250		Р	GW
Local Address (v	vhere appli	cable)		Service	Residen	tial	Comm	ercial	Industr	ial	Combined	l Agricultural
360 NORFOLK R	OAD			Connections			1					
Towns Served: N												
Water System	Facility: E	ENTRY POINT \	WELL #1 & WELL	#2 (WSFID: 0	0700)							
Analyte		Monitoring Re	quirement (Summa	ary Type)	-		ng Limit				-	Req/Month
Chlorine		Entry Point Chl	orine Residual Mor				n: 0.2	MG/L			D	aily
Start Date:	1/1/2006			Complia		- 1		-	ating Lim		Monito	_
				Monitor				Com	oliance S	tatus	: Compli	ance Status:
				11/1/20:								N
				12/1/20:								N
				1/1/2019								N
				2/1/2019								N
				3/1/2019								
Matax Custom	Facility F	ALTOV DOINT	AIELL #2 (MICELD	4/1/2019	9 - 4/30/	2019	,					
	racility:		WELL #3 (WSFID:									/8.6
Analyte		_	quirement (Summa		-		ng Limit				-	Req/Month
Chlorine Stort Date:	1 /1 /2006	Entry Point Chi	orine Residual Mor				m: 0.2	-				aily •
Start Date:	1/1/2006			Complia Monitor		-		-	ating Lim		Monito	oring ance Status:
				11/1/20:			110	Com	oliance S	tatus	: Compi	N
				12/1/20:								N
				1/1/2019								N
				2/1/2019								N
				3/1/2019								14
				4/1/2019								
Water System	Facility: F	NTRY POINT-	WELL #4 (WSFID		.,							
Analyte			quirement (Summa		One	ratir	ng Limit	·			Samples F	Reg/Month
Chlorine		_	orine Residual Mor		-		n: 0.2				•	aily
Start Date:	6/1/2005	,		Complia			0	-	ating Lim	.:4	Monito	•
	-, -,			Monitor		- 1		-	oliance S			ance Status:
				11/1/202)18					N
				12/1/202								N
				1/1/2019								N
				2/1/2019	9 - 2/28/2	2019)					N
				3/1/2019	9 - 3/31/2	2019)					
				4/1/2019	9 - 4/30/2	2019)					
		Water	System Facili	ty and San	npling	Po	int In	vent	tory			
Water								Tota	l Lead	and		
•	er System F	acility	Sampling Point		nt			Colifo	rm Cop	per		Stage
Facility ID			ID	Description			<u>Status</u>	Rul	e Rule	Tier	Asbestos	WQP 2 DBPR
00600 DISTE	RIBUTION S	YSTEM	4	DISTRIBUTION	I SYSTEM	l	Α	Υ				
			DOWNSTREAM	WITHIN 5 SER	VICE COI	V	Α					

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LONEOAK 001 SITE 587

LONEOAK 002 SITE 219

LONEOAK 003 SITE 708

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1000094	LONE OAK CAMPGROUND			NC	1,250	Р	GW
Local Address (v	where applicable)	Service	Residen	tial Commerci	al Industri	al Combine	ed Agricultural
360 NORFOLK R	OAD	Connections		1			

Towns Served: NORTH CANAAN

	Water System Facility and Sampling Point Inventory													
Water					Total	Lead and								
System	Water System Facility		Sampling Point		Coliform	Copper			Stage					
Facility ID)	ID	Description	Status		Rule Tier	Asbestos	WQP	2 DBPR					
		LONEOAK 004		Α	Υ									
		LONEOAK 005		Α	Υ									
			MAIN BATHROOM	Α	Υ									
		LONEOAK 007	SITE 200	Α	Υ									
		LONEOAK 008	LAUNDRY	Α	Υ									
		LONEOAK 009	SITE 516	Α	Υ									
		LONEOAK 010	SITE 618	Α	Υ									
		LONEOAK 011		Α	Υ									
		LONEOAK 012	SITE N 9	Α	Υ									
		LONEOAK 013	SITE 680	Α	Υ									
		LONEOAK 014	SITE 528	Α	Υ									
		LONEOAK 015	SITE T 6	Α	Υ									
		LONEOAK 016	SITE 001	Α	Υ									
		LONEOAK 017	SITE 635	Α	Υ									
		LONEOAK 018	SITE 49	Α	Υ									
		LONEOAK 019	SITE T 22	Α	Υ									
		LONEOAK 020	SITE 505	Α	Υ									
		UPSTREAM	WITHIN 5 SERVICE CON	Α										
00700	ENTRY POINT WELL #1 & WELL #2	3	ENTRY POINT WELL #1	Α										
00701	ENTRY POINT WELL #3	3	ENTRY POINT WELL #3	Α										
00702	ENTRY POINT- WELL #4	3	ENTRY POINT WELL #4	Α										
21768	WELL #1	2	WELL #1	Α										
21769	WELL #2	2	WELL #2	Α										
21770	WELL #3	2	WELL #3	Α										
21771	WELL #4	2	WELL #4	Α										
50504	TREATMENT PLANT- WELL #4													
57280	TREATMENT PLANT- WELL #3													
57282	TREATMENT PLANT- WELL #1 & WELL #2													

				Contact Inf	formation					
Name				Organizatio	n		Job Title			
Mr. Barry Brown				Lone Oak Ca	ampground	President				
Mailing Address Line One Mailing Addr			ddress Line Two)	City		State	Zip Code		
360 Norfolk Road			P O Box 6	40		East Car	naan	СТ	06024	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ddress			
860-824-7051		860-824-1	1585		203-982-5439	LONEOA	OAKINC@AOL.COM			

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connectic	ut Depa	rtme	nt c	of Public	Health	Drir	ıkıng	g vvater	Sec	ction		
	Wat	ter Qual	lity M	Ioni	itoring a	nd Con	nplia	nce S	Schedul	e			
PWS ID	PWS Name						Classif	ication	Population	Own	er Type F	rimary Source	
CT1000094	LONE OAK CAMI	PGROUND					N	С	1,250		Р	GW	
Local Address (w	here applicable)				Service	Residen	itial Co	mmerci	al Industri	al (Combined	l Agricultural	
360 NORFOLK ROAD					Connection	ns		1					
Towns Served: N	IORTH CANAAN									·			
Contact Role(s):	Owner												
Name					Organization				Job Title				
Mr. Peter J. Bro	wn			I	Loan Oak Cam	pground			Vp				
Mailing Address	Line One		Mailing	Addre	ess Line Two			City			State	Zip Code	
360 Northfolk Ro	oad		Р О Вох	640				East Ca	anaan		СТ	06024	
Business Phon	e Extension	Fax		Mol	bile Phone	Emergency	/ Phone	Email A	Address				
860-824-7051	L	860-824-2	1585			860-833-	-7870	pete@	loneoakcam	psites	s.com		
Contact Role(s):	Administrative	Contact, Leg	al Conta	ct, Ov	vner			•					

Connecticut Department of Dublic Health Drinking Water Costion

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Departmer	nt of Public H	[ealth	Dr	inking	Water	Section	
	Water Quality Mo				_			
PWS ID	PWS Name	omicoring and	u dom					Primary Source
CT1000234	FREUNDS FARM MARKET & BAKERY			Cias	NC	43	P	GW
	(where applicable)	Service	Residen	tial	Commerci		l Combin	
324 NORFOLK		Connections						3
Towns Served:	NORTH CANAAN	l .						
	М	onitoring Requ	ireme	nts				
Water Systen	n Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)						
Total Colifor							=) per quarter
	Point (Sampling Point ID)		Monitori			ollection Per		pliance Status
Select fro	m Inventory of Active Sampling Points		10/1/18 -					Complete
			1/1/19 -		-			Complete
			4/1/19 -					
			7/1/19 -	9/30	0/19			
_	ameters (PPS)						=) per quarter
	Point (Sampling Point ID)		Monitori			Collection Per		Canadata
Select fro	m Inventory of Active Sampling Points	<u> </u>	10/1/18 -					Complete
			1/1/19 - 4/1/19 -					Complete
			7/1/19 -					
Mater System	n Facility: ENTRY POINT - MARKET \	WELL (WSE ID: 007		9/5	J/ 19			
Nitrate (104	,	WELL (WSF ID. 007	00)			1	routing (D)	l par quartar
-	Point (Sampling Point ID)		Monitori	na D	eriod C	⊥ ollection Per	=) per quarter pliance Status
-	KET WELL (3)		10/1/18 -			oncetion i ei		Complete
LI WINK	(C) (V)		1/1/19 -					Complete
			4/1/19 -					Complete
			7/1/19 -		•			
Nitrite (104	1)		, , -		-, -		1 routine	(RT) per year
=	Point (Sampling Point ID)		Monitori	ng P	eriod C	ollection Per		pliance Status
EP - MAR	KET WELL (3)		1/1/18 -	12/3	1/18			Complete
			1/1/19 -	12/3	1/19			Complete
			1/1/20 -	12/3	1/20			
Water Syster	n Facility: MARKET WELL (WSF ID: !	59762)						
E. Coli (3014	1)					1	routine (R) per quarter
Sampling	Point (Sampling Point ID)		Monitori	ng P	eriod C	ollection Per	iod Com	pliance Status
MARKET '	WELL (2)		10/1/18 -	12/3	31/18			Complete
			1/1/19 -	3/3	1/19			Complete
			4/1/19 -					
			7/1/19 -	9/3	0/19			
	Public	Notification R	equire	me	ents			
		Compliance	Notice		Public N	<u>otification</u>	PN C	ertification
Violation/Situ	ation	Period	Tier		Required	Performed		
E. Coli		4/1/16 - 6/30/16	3	(6/26/2018		7/6/201	3

Water System Facility and Sampling Point Inventory Water Total Lead and System Water System Facility Sampling Point Sampling Point Stage Coliform Copper Rule Tier Asbestos WQP 2 DBPR ID **Description** Facility ID Rule Status 4 **DISTRIBUTION SYSTEM** DISTRIBUTION SYSTEM

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Water Quality Monit	coring an	d Con	npl	liance S	Schedul	le	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT1000234	FREUNDS FARM MARKET & BAKERY				NC	43	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
324 NORFOLK R	OAD	Connections						3

Connecticut Department of Public Health Drinking Water Section

Towns Served: NORTH CANAAN

	Water System Facility and Sampling Point Inventory											
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α								
		UPSTREAM	WITHIN 5 SERVICE CON	Α								
00700	ENTRY POINT - MARKET WELL	3	EP - MARKET WELL	Α								
59762	MARKET WELL	2	MARKET WELL	Α								
59769	MARKET WELL TREATMENT PLANT											

			Conta	act Inf	ormation					
Name			Orga	anization				Job Title		
Mr. Benjamin Freu	nd									
Mailing Address Lin	e One		Mailing Address Line Two				City	State	Zip Code	
			P.O. Box 636			East Can	aan	СТ	06024	
Business Phone	Extension	Fax	Mobile	Phone	Emergency Phone	Email Address				
860-824-0650			860-824	4-7524						
Contact Role(s): Le	gal Contact									
Name		Organization				Job Title				
Ms. Theresa Freund	t									
Mailing Address Lin	e One		Mailing Address Line Two				City	State	Zip Code	
			324 Norfolk Road			North Ca	naan	СТ	06018	
Business Phone	Extension	Fax	Mobile	Phone	Emergency Phone	Email Ad	dress			
860-824-0650						theresa.h	n.freund@gr	mail.com		
Contact Role(s): O	wner									
Name			Orga	anization	l	Job Title				
Mr. Matthew Freur	nd									
Mailing Address Lin	e One		Mailing Address Line Two				City	State	Zip Code	
			324 Norfolk Road			East Can	aan	СТ	06024	
Business Phone	Extension	Fax	Mobile	Phone	Emergency Phone	Email Ad	dress			
860-824-7524	860-824-7524 860-824-7520 860-824-7524 m			mfreund@snet.net						

Contact Role(s): Administrative Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

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